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Rural NV (877) 368-7828
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Certificate of Examination By Competent Authority

Name of Applicant _____ Nevada Driver License No. _____

Address _____

I, _____, certify that I have examined the above-named applicant and offer the following record of eye examination.

	Without Rx	With Old Rx	With New Rx
Right Eye.....	20/	20/	20/
Left Eye.....	20/	20/	20/
Both Eyes.....	20/	20/	20/

Could visual acuity deficiency be corrected with glasses? Yes ☐ No ☐

Are glasses being fitted? Yes ☐ No ☐ Are there any progressive abnormalities? Yes ☐ No ☐

REMARKS (Further explanation of case and recommended restrictions) _____

Will the condition indicated in the foregoing examination seriously handicap the applicant's ability to operate a motor vehicle in a safe manner at all times?.... Yes ☐ No ☐

Date of Examination

Physician's Signature
Duly licensed to practice

Applicant Signature

in _____
State